## This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>02-11-08</u>	Address:	611 E Jackson St.
Case #:	32F28229		Brazil, IN
County:	Clay		4 <u>7834</u>
Operation	aboratory Scizure (check one) onal Lab al/Glassware/Equipment (only) te (only)	Seizure Location (a  Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  [ ] Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: <u>Trunk</u>			
Water Reactive Metal (Lithium): <u>Trunk</u>			
Anhydrous Ammonia:			
☐ Hydrochleric Acid Gas Generator(s):			
Corrosive Acid: <u>Trunk</u>			
Corrosive Base:			
☑ Other (item and location): <u>Trunk</u>			
Yes No	er age 18 discovered (check one) (number present)  port to Child Protective Services	🔙 Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Brazil FD	Fax: <u>(812) 446-2535</u> Fax: <u>(812) 448-</u> 9021 Fax: <u>N/A</u>	
Health Dep	artment: Clay County		
Child Prote	ction Service: <u>N/A</u>	_ <b></b>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Ritch A. Reynolds</u> Phone (812)299-1153			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.